

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000098694

**FILED**  
**Oct 27, 2009**  
**Secretary of State**

**Entity Name:** INNERCHOICE PUBLISHING, INC.

**Current Principal Place of Business:**

15079 OAK CHASE COURT  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

15079 OAK CHASE COURT  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0877709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

GY CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BLVD.  
SUITE 3400  
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: L. CAMBO

10/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: PALOMARES, SUSANNA  
Address: 15079 OAK CHASE COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: STD ( ) Delete  
Name: COWAN, DAVID  
Address: 15079 OAK CHASE CT  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: WILLSON, Nanci  
Address: 11687 PINTAIL DRIVE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COWAN

STD

10/27/2009

Electronic Signature of Signing Officer or Director

Date